

UTAH DEPARTMENT OF NATURAL RESOURCES - DIVISION OF OIL, GAS AND MINING
1594 West North Temple - Suite 1210, Salt Lake City UT 84116 (Delivery service)
Box 145801, Salt Lake City UT 84114-5801 (US Postal service)
Telephone: (801) 538 5342

RECEIVED

FEB 18 2016

LARGE MINING OPERATIONS PROGRESS REPORT

January 1, 2015 to December 31, 2015

DIV. OF OIL, GAS & MINING

The information required in this form is based on provisions of the Mined Land Reclamation Act, Title 40 8, and the R647 rules under the Utah Minerals Regulatory Program. It is due January 31 of each year.

1. Mine Permit Number: M/0 53 /0081
2. Mine Name: PCI - Ft Pierce Mine
3. Name of Operator/Permittee: Progressive Contracting, Inc.
4. Location: 3650 S 1700 East
St George, UT 84790

Note: If Operator's address, company representative or phone number have changed, submit replacement page(s) for the Notice of Intention together with form MR-REV available on the Division's web page at https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MR-REV.pdf.

5. Primary Commodities Produced: gypsum, limestone
6. Report the gross amount of ore or product mined and waste moved.

Gross ore or product mined: 489,288 (amount): _____ Unit: Tons Disposition: _____

Waste material moved: 146,786 (amount): _____ Unit: _____ Disposition: _____

7.

	End of Year 2015	20	Changes	EOY 20
Acres	57.84			
Bonded	57.84			
Active Disturbance	57.84			
Regraded and Seeded	0.00			
Released				
Total Mine Life Disturbance	57.84			

8. Any areas of reclamation eligible for bond release? Yes ☐ No ☒

Explain: _____

To apply for full or partial bond/site release submit form MR-SITE available at the Divisions web page at https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MRSITE.pdf.

9. Briefly describe reclamation work performed during current reporting year. If there was no production shown in Line 4, describe any maintenance work conducted that required earthmoving equipment. Include an updated map depicting surface disturbance and reclamation performed during the year (per R647-4-121.2) and any updates to the operation plan (per R647-4-106)

I hereby certify the information in this report is true and correct to the best of my knowledge and belief.

Name (Typed or Print): Russell Limb

Title of Operator: President

Signature of Operator:  Date: 2/10/2016